U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. A. Name, fil Name David B. Durkee Labor Org	ar Covered From: 1
Name David B. Durkee Name E Labor Org	e number, and address of labor organization. Bakery, Confectionery & Tobacco Workers and Grain Millers International Union (BCT) anization File Number 000-315
Name David B. Durkee Name E Labor Org	Bakery, Confectionery & Tobacco Workers and Grain Millers International Union (BCT) ganization File Number 000-315
P.O. Box, Bldg., Room No., if any	and Grain Millers International Union (BCIX ganization File Number 000-315
	Building and Room Number, if any
Street 801 Christopher Drive Street	
	10401 Connecticut Avenue
City Evansville City	Kensington
State Indiana ZIP Code + 4 47711-7212 State	Maryland ZIP Code + 4 20895-3961
5. Position in labor organization. International Secretary-Treasur	rer & Director of Organization
A. Held an interest in, engaged in transactions (including loans) with, or derived incommonetary value from an employer whose employees your organization representation.	me or other economic benefit of
	of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 7.b. Amoun	t.
City	
State ZIP Code + 4	Parties and the second
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and ot submitted in this report (including the information contained in any accompanying document undersigned's knowledge and belief, true, correct, and complete. (See the section on penal	s), has been examined by the signatory and is, to the best of the
Signed On OE	3/12/05 (301) 933-8600
David B. Durkee	Date Telephone Number

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organical	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name B&C Trust Funds Trade Name, if any:	12/01/03-12/05/03 B&C Trust Fund Trustee Meetings Hotel (4 nights stay) + Phone Internet Access for Business Email = \$1075.58,
P.O. Box, Bldg., Room No., if any	billed to B&C Funds Master.
Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895-3960	DIRECT BILL-NOT REIMBURSED EXPENSE NOTE-Meeting in 2003, but bill paid by B&C Trust in 2004.
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$1,075.58

Name of Person Filing David B. Durkee	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name AFGM Pension Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite # 200 Street 14115 Lincoln St. N.E. City Ham Lake State Minnesota ZIP Code + 4 55304-4656	r parts A and B above) or other thing of value. 14.a. Nature of payment. REIMBURSED EXPENSE 01/29/04-02/04/04 B&C Trust Fund Investment Meeting & MARCO Constulting Conference Airfare = \$194.00 Hotel = \$580.41 Misc. = \$21.175 Total = \$795.58 NOTE-Expenses split 50% w/ B&C Trust Fund			
	14.b. Amount of payment.			
13.b. Is the Business an Employer X or Consultant ?	\$795.58			

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actiful (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to. or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
•	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 01/29/04-02/04/04
Name B&C Trusts Funds	B&C Trust Fund Investment Meeting & MARCO Consulting Conference
Trade Name, if any:	Airfare = \$194.00
P.O. Box, Bldg., Room No., if any	Hotel = \$580.41 Misc. = \$21.175
Street 10401 Connecticut Avenue	Total = \$795.59
City Kensington	NOTE-Expenses split 50% w/ AFGM Pension Fun
State Maryland ZIP Code + 4 20895-3960	REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$795.59

Name of Person Filing David.B. Durkee		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organizat b. Trust	tion		
Street City ZIP Code + 4	c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	Asserting to the second		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name B&C Trust Funds Trade Name, if any:	:	4/04 d Investment Meeting & ing Conference		
P.O. Box, Bldg., Room No., if any		t Access for Business Email led to B&C Funds Master.		
Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895-3960		OT REIMBURSED EXPENSE		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.			
or Consultant ?		\$27.21		

Name of Davis Par				
Name of Person Filing David B. Durkee	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	Lancata de la casa de		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name UBS Global Asset Management Trade Name, if any:	01/29/04 AFGM Fund Trustee Meeti Dinner = \$126.30	ng		
P.O. Box, Bldg., Room No., if any	DIRECT BILL-NOT REIMBUF	RSEMENT		
Street One North Wacker Drive				
City Chicago				
State Illinois ZIP Code + 4 6.06.06				
13.b. Is the Business an Employer \(\times \) or Consultant \(\times \)?	14.b. Amount of payment.	\$126.30		

Name of Person Filing David B. Durkee		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıg.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	4		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name B&C Trust Funds 1. Frade Name, if any: 2. O. Box, Bldg., Room No., if any 3. Street 10401 Connecticut Avenue 3. City Kensington 3. Catalant ZIP Code + 4 20895-3960	or other thing of value. 14.a. Nature of payment. 01/30/04 B&C Trust Fu Dinner = \$10 billed to B&	nds Investment Meeting 8.83 C Funds AE/Deconcini. NOT REIMBURSED EXPENSE		
13 h le the Punipage on Employer les	14.b. Amount of payment.			
13.b. Is the Business an Employer X or Consultant ?		\$108.83		

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Amalgamated Bank of New York	03/09/04 Dinner = \$131.62
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	DIRECT BILL-NOT REIMBURSED EXPENSE
Street 15 Union Square W. City New York	
State New York ZIP Code + 4 10003	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$131.62

Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or i dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name JAK Direct Trade Name, if any:	03/12/04 Golf outing	= \$72.53
P.O. Box, Bldg., Room No., if any	03/14/04 Golf outing:	= \$81.00
Street 885 3rd Avenue, 17th Floor		NOT REIMBURSED EXPENSE
City New York		
State New York ZIP Code + 4 10022		
13 h le the Pusiness on Empleyer IV	14.b. Amount of payment.	
13.b. Is the Business an Employer X or Consultant ?		\$153.53

Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the busines actively seeking to represent, or	S .
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing	
State ZIP Code + 4	12.a. Nature of interest held of	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Voyageur Asset Managment Inc.	05/13/04 Golf outing = 1	\$60.00
P.O. Box, Bldg., Room No., if any Suite 800 Street 2300 M Street, N.W. City Wahsington State D.C. ZIP Code + 4 20037	DIRECT BILL-NO	T REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$60.00

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versions substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stively seeking to represent, or adjunctly to or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	<u></u>
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street	
City	
State ZIP Code + 4	· •
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	The state of the s
	12.b. Amount.
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 	er parts A and B above) or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name B&C Trust Funds	05/17/04
Trade Name, if any:	BCTGM Western Conference/Denver
P.O. Box, Bldg., Room No., if any	Dinner = \$77.66 billed to B&C Funds AE/L. Davis.
Street 10401 Connecticut Avenue	DIDECTO DIII NOTO DEIMDIDCED EVDENCE
City Kensington	DIRECT BILL-NOT REIMBURSED EXPENSE
State Maryland ZIP Code + 4 20895-3960	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$77.66

Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or	S
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing 11.b. Approximate dollar value 12.a. Nature of interest held of	of such dealing.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	12.b. Amount, er parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. REIMBURSED EXPE	NSE
Name AFMG Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2750 135th Lane, N.E. City Ham Lake State Minnesota ZIP Code + 4 55304	06/10/05-06/11/ AFGM Pension Tr Airfare = \$592. Taxi(s) = \$ 78. Tips = \$ 20. Meals = \$ 24. Parking = \$ 27. Total = \$740.	ustee Meeting 10 00 00 00 00 00
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$741.10

Name of Person Filing David B. Durkee		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name AFGM Pension Fund		YI REIMBURSED EXPENSE		
Trade Name, if any:	06/10/05-06/11 AFGM Pension T	/05 Trustee Meeting		
P.O. Box, Bldg., Room No., if any	,	65.38 70.98		
Street 2750 135th Lane, N.E.	Phone/Email \$			
City Ham Lake	TOTAL = \$4	40.85		
State Minnesota ZIP Code + 4 55304	DIRECT BILL-NO	T REIMBURSED EXPENSE		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$440.85		

Name of Payers Fills		
Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or	3
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	G.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	of such dealing. or income received,
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name MARCO Consulting Group	06/11/05	
Trade Name, if any:	AFGM Fund Tri Dinner = \$134	ustee Meeting 1.40
P.O. Box, Bldg., Room No., if any		NOT REIMBURSEMENT
Street 550 West Washington Blvd.		
City Chicago		
State Illinois ZIP Code + 4 60661		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$134.40

Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or directly to or otherwise	S
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıg.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value. 14.a. Nature of payment. 06/12/04	
Name B&C Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895-3960	BCTGM Biso Dinner = S billed to DIRECT BII	cuit Council Conf./Anaheim, CA 339.92 B&C Funds AE/L. Davis. LL-NOT REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$39.92

Name of Person Filing				
David.B. Durkee		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
(Including trade name, if any). Name B&C Trus Funds	06/21/04-06,			
Trade Name, if any:	Meals =	und Trustee Meeting \$134.80		
P.O. Box, Bldg., Room No., if any Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895-3960	Taxi = Phone/email Tips = Mail materia Misc. = Total = REIMBURSED I	\$140.25 = \$ 17.00 \$ 34.00 als\$138.47 \$ 13.10 \$447.62		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$477.62		

Name of Person Filing David B. Durkee	
	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) / or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name B&C Trust Funds	06/21/04-06/25/04 B&C Trust Fund Trustee Meeting
Trade Name, if any:	Airfare = \$564.90 (coach)
P.O. Box, Bldg., Room No., if any Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895–3960	REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$564.90

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or i dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name]
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	14 h Approximate della
City	Approximate dollar value of such dealing. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
Dooshad from any July (44 and 45	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name B&C Trust Funds	06/21/04-06/25/04 B&C Trust Fund Trustee Meeting
Trade Name, if any:	Hotel (4 nights) + Misc. = \$1535.16,
P.O. Box, Bldg., Room No., if any	billed to B&C Funds Master Acct.
Street 10401 Connecticut Avenue	DIRECT BILL-NOT REIMBURSED EXPENSE
City Kensington	
State Maryland ZIP Code + 4 20895-3960	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$1,535.15

Name of Person Filing	Ella Nivel - 11
David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	Approximate dollar value of such dealing. Nature of interest held or income received.
State ZIP Code + 4	The state of the s
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name Loomis, Sayles & Co. L.P.	06/22/05
Trade Name, if any:	B&C Trust Funds Dinner = \$93.50
P.O. Box, Bldg., Room No., if any	DIRECT BILL-NOT REIMBURSED EXPENSE
Street 70 E. 55th St., 22nd Floor	
City New York	
State New York ZIP Code + 4 10022	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$93.50

Name of Person Filing David B. Durkee		
		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or off of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or	3
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organizat b. Trust c. Employer 11.a. Nature of such dealing	
Name		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held of	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Voyageur Asset Management Inc.	09/12/04 Football tick	set = \$85.00
Trade Name, if any:		1
P.O. Box, Bldg., Room No., if any Suite 800 Street 2300 M Street, N.W. City Washington State D.C. ZIP Code + 4 20037	DIRECT BILL-N	OT REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	405.00
- Language		\$85.00

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	ry value from a business (1) a otherwise dealing with the business s actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered und r from any labor relations consultant to an employer any payment of mone	12.b. Amount. der parts A and B above) y or other thing of value.
 B.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
ame B&C Trust Funds	09/15/03-09/17/03 B&C Trust Fund Investment Meeting
rade Name, if any:	09/16/03 Dinner = \$35.24 billed to B&C Funds Master.
O. Box, Bldg., Room No., if any reet 10401 Connecticut Avenue y Kensington ate Maryland ZIP Code + 4 20895-3960	DIRECT BILL-NOT REIMBURSED EXPENSE NOTE-Meeting was in 2003, but paid in 2004.
s.b. Is the Business an Employer X or Consultant \cite{X} ?	14.b. Amount of payment. \$35.24

Name of Person Filing David B. Durkee	
David g. Daniec	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ott of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or
Name and address of Business (including trade name, if any). Name	9. Business deals with:
Name	J│ ┌─┐
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
·	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. REIMBURSED EXPENSE
Name B&C Trust Funds	09/21/04-09/23/04
	B&C Trust Fund Investment Meeting
Trade Name, if any:	Airfare = \$ 78.10 (coach)
P.O. Box, Bldg., Room No., if any	Taxi = \$ 23.00
Street 10401 Connecticut Avenue	Tips = \$ 6.00
City Kensington	Parking = \$ 30.00 Phone/email = \$ 18.47
State Maryland ZIP Code + 4 20895-3960	Cleaning = \$ 5.85
	Total = \$176.61
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$176.61

Name of Person Filing		
David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or	3
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4 _		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value	
	12.a. Nature of interest held	or income received.
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under	er parts A and B above)	
any label relations consultant to an employer any payment of money	or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name B&C Trust Funds	09/21/04-09,	
Trade Name, if any:	B&C Trust Fi	and Investment Meeting
P.O. Box, Bldg., Room No., if any		ghts) + Misc. = \$367.18, &C Funds Master Acct.
Street 10401 Connecticut Avenue	DIRECT BILL-	NOT REIMBURSED EXPENSE
City Kensington		
State Maryland ZIP Code + 4 20895-3960		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$367.18
		And the second s

News of D. The Device of D		
Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of the consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or	5
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value	Of Such decling
City	12.a. Nature of interest held	Language Control of the Control of t
State ZIP Code + 4		- moonic received.
	12.b. Amount.	
		<u>L</u>
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name MacKay Shields	09/21/04	
Trade Name, if any:	B&C Trust Dinner = \$	Fund Investment Meeting 660.00
P.O. Box, Bldg., Room No., if any		L-NOT REIMBURSED EXPENSE
Street 9 West 57th Street		TEAT TEAT
Dity New York		
State New York ZIP Code + 4 10019		·
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	
		\$60.00

AI		
Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or	3
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street	C. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value	of such dealing
City	12.a. Nature of interest held	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name MacKay Shields	09/22/04	
Trade Name, if any:	B&C Trust Fur Golf Outing =	nd Investment Meeting = \$50.00
P.O. Box, Bldg., Room No., if any	DIRECT BILL-N	IOT REIMBURSED EXPENSE
Street 9 West 57th Street		and the same of th
City New York		
State New York ZIP Code + 4 10019		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$50.00
114.00 (0000)		

Name of Person Filing David B. Durkee		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	lammad		
State ZIP Code + 4			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	The state of the s		
Street	11.b. Approximate dollar value	of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held	or income received.	
ZIF Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
(Including trade name, if any).			
Name MacKay Shields	09/22/04 B&C Trust Fund Investment Meeting		
Trade Name, if any:	Dinner = \$	135.38	
P.O. Box, Bldg., Room No., if any	DIRECT BIL	L-NOT REIMBURSED EXPENSE	
Street 9 West 57th Street			
City New York			
State New York ZIP Code + 4 10019			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$135.38	

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or
Name and address of Business (including trade name, if any).	9. Business deals with:
Name]
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer covered under	er parts A and B above)
any labor relations consultant to arremployer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Fidelity & Deposit Co. of Maryland	10/10/0
Trade Name, if any:	10/13/04 Dinner = \$45.00
P.O. Box, Bldg., Room No., if any	DIRECT BILL-NOT REIMBURSED EXPENSE
Street 210 N. Charles Street	NOT TOTT-DOLOGIED EXPENSE
City Baltimore	
State Maryland ZIP Code + 4 21201	
13.b. Is the Business an Employer X or Consultant?	14.b. Amount of payment. \$45.00

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
-	
P.O. Box, Bldg., Room No., if any	
Street	44 5 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	and the testine testin testine testine testine testine testine testine testine testine
	12.b. Amount.
C Bearings	
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name B&C Trust Funds	11/29/04-12/02/04 B&C Trust Fund Trustee Meeting
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Meals, Taxis, tips, Internet Phone Email Access for Business = 486.55
Street 10401 Connecticut Avenue	Meals = \$413.55 (w/ Trustees) Tips = \$ 23.00
City Kensington	Taxi = \$ 50.00
	Total = \$486.55
State Maryland ZIP Code + 4 20895-3960	REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$486.55

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under from any labor relations appoint to an employer covered under	12.b. Amount.
13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) y or other thing of value. 14.a. Nature of payment.
(including trade name, if any). Name B&C Trust Funds	11/29/05-12/02/04 B&C Trust Fund Trustee Meeting
Trade Name, if any:	Airfare =388.40 (coach)
P.O. Box, Bldg., Room No., if any Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895–3960	RELIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$388.40

Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or otleast of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer service of the consultant to an employer	12.b. Amount.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	7 or other thing of value. 14.a. Nature of payment.
Name B&C Trust Funds	11/29/04-12/02/04 B&C Trust Funds Trustee Meeting
P.O. Box, Bldg., Room No., if any Street 10401 Connecticut Avenue	Hotel (3 nights) + Misc. = \$952.00, billed to B&C Funds Master Acct. DIRECT BILL-NOT REIMBURSED EXPENSE
City Kensington State Maryland ZIP Code + 4 20895-3960	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$952.00

Name of Person Filing David B Durkee	
David B. Daixee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or
Name and address of Business (including trade name, if any). Name	9. Business deals with:
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
·	
	12.b. Amount.
C. Pageired Services	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Voyageur Asset Management Inc.	11/30/04
Trade Name, if any:	B&C TRUST DINNER/ENTERTAINMENT = \$ 185.77
P.O. Box, Bldg., Room No., if any Suite 800	DIRECT BILL-NOT REIMBURESED EXPENSE
Street 2300 M Street, N.W.	
City Washington	
State D.C. ZIP Code + 4 20037	·
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.
	\$100°//

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City P.O. Box, Bidg., Room No., if any Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Trade Name, if any: Trade Na	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 - 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Tib. Approximate dollar value of such dealing. 11.a. Nature of interest held or income received.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
City 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
12.a. Nature of interest held or income received.	
12.b. Amount.	_
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name Amalgamated Bank of New York 12/25/04	
Trade Name, if any: Christmas Gift Champaign = \$92.00 (estimate from WineCommune.com)	The state of the s
Street 15 Union Square W. City New York State New York ZIP Code + 4 10003	
13.b. Is the Business an Employer X or Consultant?	

Name of Person Filing	Ello Nimet
David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or i (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business is actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer
State ZIP Code + 4 _	
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11 h Approximate della vista d
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	assessment of income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered un	nder parts A and B above)
and on player any payment of mone	ey or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name American Time Products	12/25/04
rade Name, if any:	7 Christmas Gift
P.O. Box, Bldg., Room No., if any Suite #104	Omaha Steaks (6) = \$54.99 (estimate from Omahasteaks.com)
treet 710 North Wayne St.	DIDECT DITT WAS TO THE
arlington	DIRECT BILL-NOT REIMBURSED EXPENSE
tate Virginia ZIP Code + 4 22201	
3.b. Is the Business an Employer X or Consultant 2	14.b. Amount of payment.
or Consultant ?	\$54.99

Name of Person Filing David, B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 - 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	Leave A and Dall
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name Clark Herman Associates, Inc. Trade Name, if any:	12/25/04 Christmas Gift Florida Oranges Box = \$33.00 (estimate
P.O. Box, Bldg., Room No., if any # 206	from Suncoast
Street 740 River Road	Groves.com
City Fair Haven	DIRECT BILL-NOT REIMBURSE EXPENSE
State New Jersey ZIP Code + 4 07704-3361	
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment. \$33.00

Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or	3
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizati b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	J.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of interest held of	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name GESD Capital Partners, LLC Trade Name, if any:	12/25/04 Christmas Gi Bread & Wine	ft Basket = \$147.15
P.O. Box, Bldg., Room No., if any	DIRECT BILL-I	NOT REIMBURSED EXPENSE
Street 221 Main Street City San Francisco		
State California ZIP Code + 4 94105		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$147.15

Name of Person Filing	
David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust
Street City State ZIP Code + 4	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Goldman Sachs Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 32 Old Slip, 31st Floor City New York State New York ZIP Code + 4 10005-3500	14.a. Nature of payment. 12/25/04 Christmas Gift Golf Shirt = \$42.50 Wind Breaker = \$35.00 DIRECT BILL-NOT REIMBURSED EXPENSE
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.

Name of Person Filing	
David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) v or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Kelly Press	12/25/04
Trade Name, if any:	Christmas Gift Ham (名) = \$59.95 (estimate from
P.O. Box, Bldg., Room No., if any	holidayham.com)
Street 1701 Cabin Branch Road	DIRECT BILL-NOT REIMBURSEMENT
City Cheverly	
State Maryland ZIP Code + 4 20785	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$59.95

No.			
Name of Person Filing David B. Durkee	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
 Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Mercantile Safe Deposit & Trust C	Christmas Gift		
P.O. Box, Bldg., Room No., if any	Fruit Box = \$34.95 (estimate from HarryandDavid.com)		
Street Two Hopkins Plaza	DIRECT BILL-NOT REIMBURSED EXPENSE		
City Baltimore State Maryland ZIP Code + 4 21203			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$34.95		

Name of Person Filing David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or	S
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	iion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealin 11.b. Approximate dollar value 12.a. Nature of interest held	of such dealing.
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	See a see
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name The Segal Company Trade Name, if any:	12/25/04 Christmas (Poinsettia	Gift = \$50.00 (approx)
P.O. Box, Bldg., Room No., if any		L-NOT REIMBURSED EXPENSE
Street One Park Avenue City New York State New York ZIP Code + 4 10016-5895		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$50.00

Name of P	
Name of Person Filing David B. Durkee	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	7
Trade Name, if any:	
	<u> </u>
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
Chal	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Systematic Financial Management, I	-P 12/25/04
Trade Name, if any:	·P. 12/25/04 Christmas Gift Fruit Box = \$34.95 (estimate from
P.O. Box, Bldg., Room No., if any	HarryandDavid.com)
Street 300 Frank W. Burr Blvd.	DIRECT BILL-NOT REIMBURSED EXPENSE
City Teaneck	
State New Jersey ZIP Code + 4 07666	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.

Name of Person Filing		
David B. Durkee		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the busine actively seeking to represent, o	ss
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organiz	ation
Street City ZIP Code + 4	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	
	12.b. Amount.	
 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name AFGM Pension Funds	01/20/05	in 2005, but paid in 2004. Trustee Meeting
Trade Name, if any:		
P.O. Box, Bldg., Room No., If any Suite # 200	pre-paid by Al	(1 night) = \$127.71 FGM Pension Trust Funds
Street 14115 Lincoln St. N.E. City Ham Lake	NOTE-50% of he	otel (1 night) = \$127.71
State Minnesota ZIP Code + 4 55304-4656	pre-paid by Ba	C Trust Funds on 12/16/04. OT REIMBURSED EXPENSE
13 h Is the Rusiness on Employer IV	14.b. Amount of payment.	OI ALITIBUKSED EXPENSE
or Consultant ?		\$127.71

Name of Person Filing David B. Durkee		Eile Nivel	
David B. Durkee		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organizat	ion	
P.O. Box, Bidg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4 -			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	Carterior Control Associated Asso		
Street			
City	11.b. Approximate dollar value	Land the same of t	
State ZiP Code + 4	12.a. Nature of interest held	or income received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	NOTE-Meeting	g in 2005, but paid in 2004.	
Name B&C Trust Funds	01/20/05 B&C Investmen	nt Mostins	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	50% of hotel pre-paid by 1	(1 night) = \$127.71 B&C Trust Funds on 12/16/04	
Street 10401 Connecticut Avenue	NOTE-50% of 1	notel (1 night) = \$127.71	
City Kensington	pre-paid by A	AFGM Pension Trust.	
State Maryland ZIP Code + 4 20895-3960	DIRECT BILL-	NOT REIMBURSED EXPENSE	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$127.71	
rm I M 20 /2002)		7441014	

Name of Person Filing David B. Durkee		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or refrectly to or otherwise	5	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	of such dealing.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name B&C Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10401 Connecticut Avenue City Kensington State Maryland ZIP Code + 4 20895-3960	01/22/05-01/2 B&C Trust Inv MARCO Investr 2005 MARCO Co paid by B&C T		= \$1295.00, 3/04.
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	, ,	\$1,295.00